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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless correspondence is directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

30623 7590 01/17/2008

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY  
AND POPEO, P.C.  
ONE FINANCIAL CENTER  
BOSTON, MA 02111

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/424,527	05/29/2003	Sean Farmer	19374-503	8102

TITLE OF INVENTION: PROBIOTIC LACTIC ACID BACTERIUM TO TREAT BACTERIAL INFECTIONS ASSOCIATED WITH SIDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	04/17/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
KOSAR, AARON J		1651	435-006000	01 FC:1501 02 FC:8001		

1440.00 OP  
30.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris,  
Glovsky and Popeo, P.C.

2 Ingrid A. Beattie

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ganeden Biotech, Inc.

Mayfield Heights, OH

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Ingrid A. Beattie

Date April 17, 2008

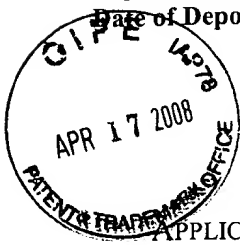
Typed or printed name

Ingrid A. Beattie

Registration No. 42,306

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS : Farmer et al.

SERIAL NUMBER : 09/424,527

EXAMINER : Aaron J. Kosar

FILING DATE : May 29, 2003

ART UNIT : 1651

FOR : PROBIOTIC LACTIC ACID BACTERIUM TO TREAT BACTERIAL INFECTIONS  
ASSOCIATED WITH SIDS

**Mail Stop Issue Fee**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF ALLOWANCE**

The present paper is filed in response to the Notice of Allowance and Issue Fee Due, dated January 17, 2008. A response is due April 17, 2008.

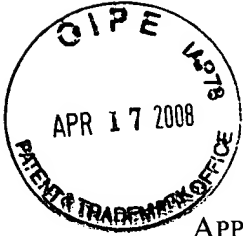
A check (#25490) for \$1,440.00 is enclosed herewith to cover the issue fee and check (#25485) for \$30.00 to cover the advanced order of ten (10) copies. A copy of Form PTOL-85B is also enclosed herewith. This application is entitled to small entity status.

The Commissioner is hereby authorized to charge any additional fees that may be due, or to credit any overpayment, to Account 50-0311; Attorney Reference No. 19374-503.

Respectfully submitted,

Ingrid A. Beattie Reg. No.: 42,306  
Attorney for Applicant  
c/o MINTZ, LEVIN  
Tel: (617) 542-6000  
Fax: (617) 542-2241  
**Customer No.: 30623**

Dated: April 17, 2008



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**TRANSMITTAL LETTER**

Transmitted herewith for filing in the present application is the following document:

1. Response to Notice of Allowance (1 pg);
2. Completed Form PTOL-85B (1 pg);
3. Check No. 25490 in the amount of \$1,440.00 for issue fee;
4. Check No. 25485 in the amount of \$30.00 for advanced order; and
5. Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at 617-542-6000, Boston, Massachusetts.

The Commissioner is authorized to charge any additional fees that may be due, or to credit any overpayment, to the undersigned's account, Deposit Account No. 50-0311 Ref. No. 19374-503. A duplicate copy of this transmittal letter is enclosed herewith.

Respectfully submitted,

Ingrid A. Beattie Reg. No.: 42,306  
Attorneys for Applicants  
c/o MINTZ, LEVIN  
Tel: (617) 542-6000  
Fax: (617) 542-2241  
Customer No.: 30623

Dated: April 17, 2008